



Fee Schedule

<u>Annual Permit Fee</u>	Application Fee	\$275
Low Priority	Change of Ownership.....	\$120
Medium Priority	Duplicate Permit Fee	\$5
High Priority	Reinstatement Fee	\$50

Community Services Department Use Only

Date Approved ____ / ____ / ____ By: _____

Date Received ____ / ____ / ____ By: _____

Comp # _____ Element Type: _____

Receipt Number _____

Inv. # _____ Inv. Type: _____ Sup Dist: _____

Application/Change of Owner Fee: _____

Expiration Date ____ / ____ / ____ Entered by: _____

Annual Permit Fee: _____

Total Amount Due with Application: _____

Application for Food Establishment Permit

ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.

Establishment Name _____ (_____) _____
(site phone number)

Establishment Address
(street number) (dir) (street name) (suite) (zip)

Owner _____ (_____) _____
(owner phone number)

Owner Address:
(cannot be site address) _____
(address)

_____ (city) (state) (zip)

Emergency Contact: Name: _____ Phone: _____

Status (please check): Sole Proprietor Partnership Corporation

Bill to: Site address Owner Address

I attest that the information provided above is true and accurate. I agree to comply with the City of Arlington Health Code and understand that failure to do so may result in suspension or revocation of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to the expiration date and that the reinstatement fee must be paid in order to maintain a valid permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable.

Signature of Applicant

Date

Drivers License Number

State